

for the President
The Royal College of Surgeons

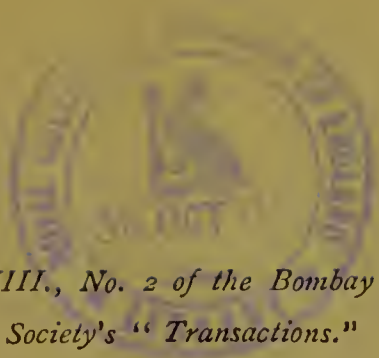
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**"TWO OBSCURE CASES OF NERVOUS
DISTURBANCE."**

By DR. N. F. SURVEYOR.





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**"TWO OBSCURE CASES OF NERVOUS
DISTURBANCE."**

BY DR. N. F. SURVEYOR.

A strong well-built man, named Gaffur Ahmed, was admitted in the J. J. Hospital on 19th February 1904 for slight weakness in the left leg, said to have followed an operation for removal of a guinea-worm, about two months before admission to the hospital.

At the time of admission nothing special was detected, except slight muscular weakness in the lower extremities, and the left leg was slightly dragged while walking. The patellar reflexes were feeble. No history of specific infection was obtained. At the time of admission the pulse-beats and respirations were 70 and 18 per minute respectively. His answers were quite intelligent, and no mental disturbance was noticed.

He continued in this state till 26th February, when it was found that he was somewhat drowsy and that his pulse-beats and respirations were 61 and 14 per minute respectively.

On asking him to get up and walk, he complained of extreme exhaustion, and staggered about.

The pupils were normal, there was no vomiting, no nystagmus, nor were any muscular twitchings noticed. When spoken to, he would, as it were, get roused up suddenly, open his mouth wide, and utter a few inaudible sounds, and gradually would be able to answer questions fairly intelligently. Patellar reflexes were found to be completely lost and Babinski's sign was obtained. At present the latter is absent.

The skin appeared to be hypersensitive, and muscular strength was not altered in any way. No wasting or loss of appetite has been noticed either. His pulse varies between 60—48, and the respirations are between 16—12; they are shallow in character. Heart sounds are feeble, but no bruit has been detected.

He sleeps during the greater part of day and night, and can be roused with difficulty.

There is no increased pigmentation of the skin, which is normally rather dark.

The amount of urine passed in 24 hours was measured for several days and it was found to be about 50 ozs.

No albumen and sugar have been detected. Total phosphates, as estimated by the magnesia solution, were found to be considerably diminished, and the specific gravity was found to be very low—about 1.002. The blood and spinal fluid were examined, but nothing special noticed, such as any parasites, nor were the leucocytes altered in any way.

He has to be fed by the attendant, as he does not care to take his food unless given to him. No alteration has been detected in the organs of sense.

He complains of extreme weakness, but, as stated above, there is considerable muscular strength present.

He has been under observation for the last five months, and his drowsiness does not seem to be getting less.

The patient is a seafaring man and does not seem to be malingering, as he and his relations are anxious to take him out of the hospital, so that he may proceed to his native country.

The gradual loss of reflexes and the presence of Babinski's sign seem to contraindicate hysteria. The drowsy state suggested "Sleeping-sickness," but the absence of glandular

swellings and also of wasting, coupled with the slow pulse and the fact that he has never been to Africa, do not support the view.

No trypanosomes were found either in the blood or spinal fluid ; the latter was removed and examined by Major Meyer, to whom my thanks are due.

When he was admitted it was thought that locomotor ataxy may be just commencing, but the subsequent events and the absence of Argyll-Robertson pupil do not support the view.

Dr. Percy Kidd⁽¹⁾ describes a case of Adams-Stokes Disease, *i.e.*, "Persistent Slow Pulse with Epileptiform Fits."

The case before us may be one similar to it, but he has not had any epileptiform fits to my knowledge.

The only time that he had anything approaching a fit was about a week after admission, when he became drowsy to such an extent that he was thought to be unconscious for some time, at least no convulsions were noticed then. Again, in most of the cases mentioned in the paper it is stated that the patient had a cardiac bruit in one region or another. However these two features are not constantly present in all the cases described, and it is quite likely that in the early stage of the disease these symptoms may not be present.

Antisymphilitic treatment had no effect. Tonic treatment, including arsenic, has been given to him during most of the period he has been under my care ; however I cannot say that his mental state has been benefitted by it in any manner.

Thyroid tabloids (B. W. & Co.'s), gr. v., were given thrice a day for about 18 days continuously without perceptibly quickening the pulse. Calcium glycerophosphate was also administered for about ten days in 10-grain doses without any effect.

(1) *Lancet*, February 13th and June 4th, 1904.

In conclusion, I have only to state that two things are certain : firstly, he is not malingering, and secondly, that this is not a case of hysteria. What is the real diagnosis I shall leave to some of the members present to-day to say.

Case 2.—The other patient whom I have to show to-day is a young Hindu woman, about 28 years old, and who has been under my care for about 2 years.

She was admitted into the J. J. Hospital on 9th July 1902 for extreme weakness of the body, formication of the extremities and thin wasted skin.

There was marked incoordination of both extremities coupled with general weakness of the voluntary muscles.

Thus at the time of admission she could not bind up her hair or tie a knot on a string.

Her eye-sight is not much affected, except that she always complains of seeing green light.

Pupil reflexes are very sluggish both to light and accommodation, and she has optic atrophy at present, the result of previous optic neuritis.

At the time of admission, knee-reflexes were present but very feeble, and now they are abolished. Babinski's sign has been present always.

The incoordination of the upper extremities is much less now : thus she can bind her hair, etc.

Her voice is peculiar in character, and resembles that of a boy whose voice is just breaking. Continuous complaint of giddiness was made during the first few months after admission, but it now seems to be getting less. At the time of admission she could walk a few steps without support, but she is now unable to do so ; however, lately she has shown signs of improvement in as far as she is able to move about with the help of crutches. She is complaining of numbness and formication

in the extremities ; however there is no loss of sensibility either to touch, pain or heat, etc. Her hearing is also defective, and it is not possible to get an account of the mode of onset of her illness. However, one thing is certain, that it commenced after an attack of high fever, and that before that she was quite able to move about. As for the duration of the illness before admission into the hospital, no information can be obtained. °

During the time that she has been in the hospital she has been singularly free from fever ; on the contrary her temperature is rather subnormal, and for about 3 or 4 days during the end of the month of January 1903 she had regular cold fits for several hours, so much so that hot-water bottles had to be continuously applied ; at that time her extremities were quite cold and her lips were livid. No rise of temperature was noticed even then.

She does not give any history of specific infection, and a prolonged course of mercury and iodide of potassium had no beneficial effect ; again, injections of sodium nitrite, which are supposed to exert a beneficial effect in cases of syphilitic paraplegia, had no effect on her condition. Silver nitrate and arsenic, in the form of cacodylate of iron and also as liq. arsenicalis, have not produced any improvement in her case. During the last year she has been put on simple ol. morrhucæ with tinctura nucis vomicæ in 5 minim doses, and this seems to have produced more good by improving her condition ; and her temperament, which was lachrymose before this, has become decidedly cheerful. I am afraid I cannot label her condition with any known diagnosis.

There is no doubt that it is not a simple case of locomotor ataxy. She has had no girdle pains and gastric crises during the time that she has been under observation ; nor has she any feeling in the soles of her feet as if she were standing on soft ground. Again, her gradual improvement is against it.

The only diseases that I can think of as most likely are syringo-myelia and plague paralysis.

It is not very likely that it can be the former, as cases of that disease never improve, and this case does not show loss of sensibility to heat and cold or touch, which symptoms are commonly found in syringo-myelia.

It is quite likely that it may be plague paralysis, but she does not give any history even of an attack of bubonic plague, while septicæmic plague is almost invariably fatal. However, the peculiar speech and incoordination with very slow improvement makes me believe that it is probably that disease.

In conclusion, I have to thank Major Meyer for examining the eye with the ophthalmoscope.